



Reinsurance Claims Processing Manual

Chapter Six Transplants

I ELIGIBILITY

Transplant Reinsurance is provided to partially reimburse Contractors for the cost of care for an enrolled member who meets Transplant Reinsurance criteria and requirements.

This program covers members who are eligible to receive covered major organ and tissue transplantation including bone marrow, heart, heart/lung, lung, liver, kidney and other organ transplantation. Bone grafts and cornea transplantation services are not eligible for transplant Reinsurance coverage but are eligible under the regular Reinsurance program. When a member is referred to a transplant facility for an AHCCCS covered transplant, the Contractor shall notify the DHCM, Medical Management, Transplant Coordinator.

The Contractor's Medical Director is responsible for submitting to the AHCCCS Medical Director, a written request for approval of a covered organ or tissue transplantation for Reinsurance. The request must be accompanied by a current history and physical and records of the evaluation leading to recommendation for transplantation. The AHCCCS Medical Director or designee will review the submitted documentation, consult with the appropriate transplant committee and inform the Contractor's Medical Director, in writing.

II COVERED TRANSPLANTS

Bone Marrow Transplantation, Allogenic and Autologous
Heart Transplantation
Heart – Lung Transplantation
Kidney Transplantation
Liver Transplantation
Single Lung Transplantation
Double Lung Transplantation
Pancreas after Kidney Transplantation
Simultaneous Pancreas/Kidney Transplantation

III DOCUMENTATION

Contractors submitting components for Contracted Solid Organ and Tissue Transplantation (Bone Marrow) must submit the following as individual component documentation to the Reinsurance Unit of DHCM:





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1. An invoice cover sheet, available on the AHCCCS website furnished below, and a copy of the invoice from the contracted facility. Each stage must be identified in this manner and include the documentation listed below. For a non-contracted facility a letterhead cover sheet from the facility with a breakdown of dates of service and total charges will be accepted.
<http://www.ahcccs.state.az.us/PlansProviders/reinsurance/TransplantStageInvoiceCoverSheet.doc>
2. Hard copy of hospital UB92 or a mock UB92 with an itemized statement of the hospitalization for all tests/procedures (coded) for performed services.
3. All appropriate HCFA 1500's submitted by the dates of service for the component. Totaled for reference.
4. The Contractor's paid amount must be clearly identified for each component.
5. Proof of payment to the facility.
6. Do not send medical documentation.

IV OUT OF STATE TRANSPLANT

A transplant performed out of state will be reimbursed at the lesser of the in state AHCCCS transplant contract rate or the health plan paid.

V OUTLIER PARAMETERS

A transplant case may qualify for outlier coverage when a specified contractual deductible is met or exceeded. When submitting a request for outlier consideration the outlier worksheet must accompany the request. The worksheet is available on the AHCCCS web site furnished below.

http://www.ahcccs.state.az.us/PlansProviders/reinsurance/TransplantOutlierTemplate_contractors1.xls

The following information must be sent with the outlier request:

1. All completed stage invoices with supporting documentation.
2. Proof of payment to the facility.
3. A detail of all non covered charges by stage.
4. Support for amounts submitted on the outlier template (support must balance to outlier template or it will be returned).

VI. TIMELY FILING

Transplant stage invoicing must be submitted no later than fifteen (15) months from end date of service for the transplant stage. Outlier invoicing must be submitted no later than fifteen (15) months from the end date of the last completed stage.

